

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-375)**

SERIAL NO.

10/567305

FORM DATE

APPLICANT

**CLAIMS**

AS FILED		AFTER CLASSIFICATION		AFTER SUBCLASSIFICATION		AS FILED		AFTER CLASSIFICATION		AFTER SUBCLASSIFICATION	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51					
2						52					
3						53					
4						54					
5						55					
6						56					
7						57					
8						58					
9						59					
10						60					
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37						87					
38						88					
39						89					
40						90					
41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL IND.	14					TOTAL IND.					
TOTAL DEP.	20					TOTAL DEP.					
TOTAL CLAIMS						TOTAL CLAIMS					

BEST AVAILABLE COPY